

**DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY**

**Missouri State Fire Marshal
Randy L. Cole**



FIREWORKS PERMIT APPLICATION

Manufacturer, Distributor, Wholesaler & Jobber

Notice: If you are involved in Missouri's fireworks industry as a manufacturer, distributor, wholesaler, or jobber, it is your responsibility to be familiar with and know Missouri law, RSMo. 320.106 through 320.161 and Missouri's Code of State Regulations 11 CSR 40-3.010. Several changes were made during this past legislative session that affect how you conduct business in Missouri.

Permit applications may be obtained from the Office of the State Fire Marshal (OSFM) or downloaded from our website at www.dfs.dps.mo.gov.

Copy of the Missouri Revised Statutes and Missouri Rules pertaining to fireworks can be obtained from our website at www.dfs.dps.mo.gov or by calling 573-751-2930.

INSTRUCTIONS

To ensure prompt processing of Fireworks Permit Application please follow the check list below:

- Please print in ink or type.
- Complete all questions on application.
- Only cashier's checks, bank drafts, or money orders payable to the "Division of Fire Safety" will be accepted. (Cash or personal checks will not be accepted.)
- All applicants must submit a Certificate of No Sales or Use Tax Due and a copy of the Missouri Retail Sales Tax License. This may be obtained from your local Missouri Department of Revenue. For example: If you are applying for five separate locations you must submit five sales tax licenses, each with a separate address of business, all will have the same sales tax number.
- All corporations must submit a current copy of their Certificate of Good Standing to commence business in Missouri. This may be obtained from the Missouri Secretary of State.
- All **manufacturers, distributors, jobbers, and wholesalers** shall submit their application and required documentation before **January 1, 2006**.
- **Please include a stamped, self-addressed, business envelope.**

ISSUANCE OF PERMIT

Allow a minimum of 30 days from the date the OSFM receives an application for the permit to be issued. Applications received on or postmarked after the **January 1st** deadline may require a longer processing time. Permit is valid January 1 through December 31, 2006.

SEND ALL INFORMATION TO: Division of Fire Safety, Fireworks Unit, P.O. Box 844, Jefferson City, MO 65101

MATT BLUNT
Governor
MARK S. JAMES
Director
RANDY L. COLE
State Fire Marshal

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
FIREWORKS PERMIT APPLICATION
PERMIT YEAR 2006

2401 E. McCarty Street
Mailing Address: P.O. Box 844
Jefferson City, MO 65102-0844
Telephone: (573) 751-2930
Fax: (573) 526-4600
E-Mail: firesafe@dfs.dps.mo.gov

NAME OF BUSINESS:

OWNER OF BUSINESS:

SOCIAL SECURITY NUMBER:

FEDERAL LICENSE/PERMIT#:

MO. RETAIL SALES TAX #:

CURRENT MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT NAME:

CONTACT PHONE NUMBER:

EMAIL ADDRESS:

| PERMIT TYPE | FEE | NUMBER PERMIT(S) APPLIED FOR: | FEE TIMES NUMBER PERMIT(S) EQUALS TOTAL COST | TOTAL COST |
|-------------------|-------|----------------------------------|--|------------|
| MANUFACTURER | \$775 | | | |
| DISTRIBUTOR | \$775 | | | |
| WHOLESALE | \$275 | | | |
| JOBBER | \$525 | | | |
| SEASONAL RETAILER | \$ 50 | | | |
| TOTAL | | | | |

PRODUCT SUPPLIER NAME:

CITY:

STATE:

DOES YOUR BUSINESS CONDUCT PYROTECHNIC DISPLAYS YES NO

I _____ OWNER, CERTIFY THAT I AM FAMILIAR WITH THE RULES AND REGULATIONS OF CHAPTER 320
RSMO AND ITS REVISIONS AS IT PERTAINS TO THE FIREWORKS INDUSTRY IN THE STATE OF MISSOURI.

I _____ APPLICANT, CERTIFY THAT I AM FAMILIAR WITH THE RULES AND REGULATIONS OF CHAPTER 320
RSMO AND ITS REVISIONS AS IT PERTAINS TO THE FIREWORKS INDUSTRY IN THE STATE OF MISSOURI.

COMPLETE FORM ON BACK OF APPLICATION LISTING ALL BUSINESS LOCATIONS FOR WHICH YOU ARE APPLYING. IF YOU ARE
APPLYING FOR MORE THAN ONE LOCATION, YOU MUST SUBMIT A RETAIL SALES TAX LICENSE FOR EACH.

ALL APPLICATIONS SHOULD BE MAILED TO: DIVISION OF FIRE SAFETY, P O BOX 844, JEFFERSON CITY, MISSOURI 65102.

| BUSINESS SALES LOCATION(S) | | | | | |
|--|------|--------|-------|-----|-------------|
| PLEASE LIST ALL LOCATIONS – FORM MAY BE COPIED | | | | | |
| ADDRESS | CITY | COUNTY | STATE | ZIP | PERMIT TYPE |
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| <p align="center">INSTRUCTIONS FOR FIREWORKS PERMIT APPLICATION</p> |
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SEND ALL INFORMATION TO: Fireworks Unit, Missouri Division of Fire Safety, P.O. Box 844, Jefferson City, Missouri 65102